

MICHIGAN DEPARTMENT OF CORRECTIONS

**CRITICAL INCIDENT PARTICIPANT REPORT**

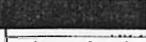
CAJ-571

7/91

4835-0571

Name of Reporting Employee (Print or type) Last, First, Middle  
8/19/2017 Arp, Scott M

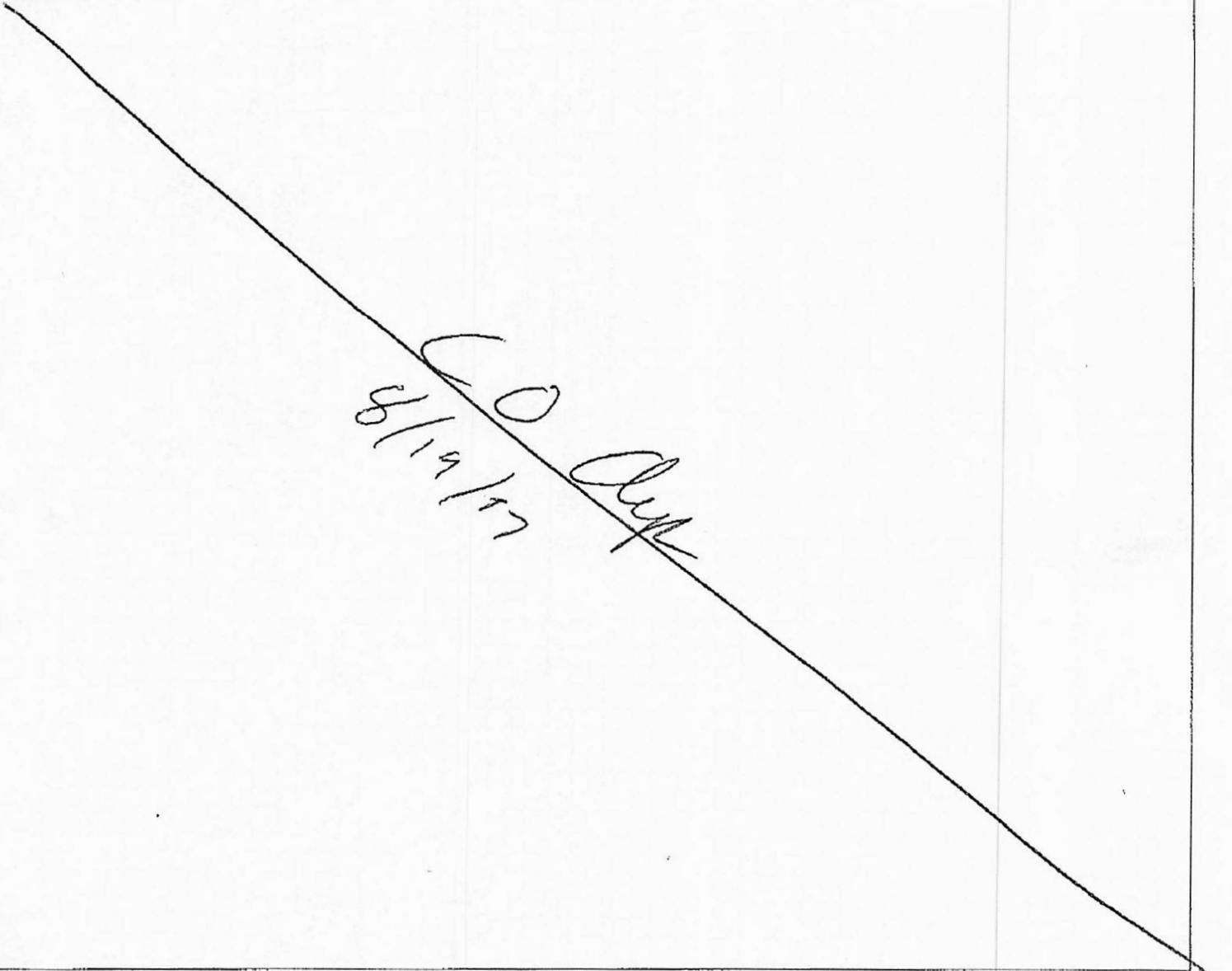
Incident Number  
**IBC 63 17**

Clock Number 	Date of Report <b>8/19/2017</b>	Date of Incident <b>8/19/2017</b>	Job Title <b>Corrections Officer E-9</b>
Time of Incident (Military) <b>2015</b>	Location of Incident <b>Unit 2 B Upper and B wing base</b>		Role in Incident <b>Escort</b>

**INCIDENT DESCRIPTION** – Briefly describe what you saw, heard, said and did during the incident:

I, CO Arp, walked up to cell 2-246. Inside the cell, inmate Cantrell (397429) was yelling "You guys are gonna have to come and get me. I will beat all your asses." Officer Heilig told Cantrell to turn around and cuff up. Inmate Cantrell said "Fuck you. I need to talk to a Sgt now." Sgt Stump approached the cell and told inmate Cantrell to cuff up. Inmate Cantrell was noncompliant until Officer Earegood activated his ECD without deployment. Heilig applied restraints and I escorted inmate Cantrell with Officer Heilig. Cantrell tried pushing his weight into Officer Heilig when we were walking him down the stairs. Cantrell would not let me get a more secure hold, so we placed him on the ground to regain better control and compliance. Cantrell stood up and we escorted him to unit 8 without further incident.

*8/19/17*  
*Arp*



**MICHIGAN DEPARTMENT OF CORRECTIONS  
CRITICAL INCIDENT PARTICIPANT REPORT**

IBC 63 17

 CAJ-571  
 7/91  
 1835-0571

Prisoners Involved in incident (Last name, prison number and lock):

1. Cantrell 397429, 2-246B
2. NA
3. NA
4. NA

Prisoner witnesses if known (Last name, prison number and lock):

1. NA
2. NA
3. NA
4. NA

Employee witnesses, if known (Last name and clock number):

1. Hellig [REDACTED]
2. Earegood [REDACTED]
3. Gose [REDACTED]
4. Stump [REDACTED]

Medical assistance rendered?  Yes  No

Misconduct / Notice of Intent Written?  Yes  No

Doctor or PA (Full Name and Clock Number): NA

RN or LPN in charge ( Full Name and Clock Number): NA

Name & Clock number of Transporting Personnel (From incident site to Infirmary)  
(From infirmary to Hospital)

NANA

Describe injuries: Attach additional sheets of same size, if necessary.

NA

If reporting employee was assaulted or injured, does he/she wish to file charges?  Yes  No

Description of reporting employee's injury and medical treatment received. NA

I certify the above information is true to the best of my knowledge.

Reporting Participant Signature

Date

8/19/17

PD-DWA-12.01 requires each employee (including medical staff) involved in a Critical Incident to complete report form (CAJ-571). The report shall be completed and submitted to the Shift Commander during the same shift the incident occurred. When necessary, additional pages may be added to this report.